

Case Number:	CM15-0149610		
Date Assigned:	08/27/2015	Date of Injury:	12/23/2014
Decision Date:	09/30/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/01/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51-year-old female, who sustained an industrial injury on 12-23-2014, resulting from a motor vehicle accident. The injured worker was diagnosed as having closed fracture dorsal vertebra, anterior column T9, bilateral wrist sprain-strain, and left plantar fasciitis. Past medical history included depression and Vitamin D deficiency. Treatment to date has included diagnostics, physical therapy, lumbar support, and medications. Currently, the injured worker complains of pain in her low back with left lower extremity paresthesias, left foot, neck with radiation to bilateral shoulders, and bilateral wrists. She ran out of medications and requested refills. Current medications included Sertraline, Flexeril, Naproxen, Prilosec, Percocet, and Xanax. She reported debilitating pain and requested help with pain control. She received an injection of Toradol. An Emergency Room evaluation was noted on 7-07-2015 due to vertigo. Work status remained total temporary disability. The use of Flexeril was noted since at least 2-05-2015.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Flexeril tab 7.5mg 1 tab PO 3x/day 30 days with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain); Cyclobenzaprine (Flexeril) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The records indicate the patient has complaints of low back pain, left foot pain, neck pain and bilateral wrist pain. The current request is for Flexeril tab 7.5mg 1 tab PO 30 days 1 refill. In the attending physician report dated 7/15/15, page 24 (A), he states the patient is having an acute episode of a chronic condition and requests pain control. A toradol injection was given along with a refill of Flexeril. The CA MTUS has this to say about Muscle Relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The MTUS further indicates that Cyclobenzaprine (Flexeril) is recommended for a duration of not greater than 3 weeks. In this case, the patient complains low back pain. The physical exam does not indicate the patient is suffering from muscle spasms. The MTUS clearly indicates that muscle relaxants are for short-term treatment of acute exacerbations, and prolonged use of these medications may lead to dependence. The records made available for review do not establish medical necessity for the request of ongoing Cyclobenzaprine. This request is not medically necessary.